



City of Leesburg Contractor's Registration Form

Date: _____

Contractor's Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____

Fax # _____

Email _____

Please attach the follow:

- 1- Copy of state license
- 2- Copy of local/ occupational license
- 3- Copy of worker's comp certificate of insurance or exempt card
- 4- Copy of liability certificate of insurance

Certificates of insurance must be made out to:

City of Leesburg
204 N. 5th Street
Leesburg, Fl 34748